

PATENT

#31 Reg for  
Refund

09-24-02

IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE

APPLICANT(S): Thomas J. Quinn  
APPLICATION NO.: 09/642,250  
FILING DATE: October 12, 2000  
TITLE: GYROSCOPIC POINTER AND METHOD  
EXAMINER: Unassigned  
GROUP ART UNIT: 2672  
ATTY. DKT. NO.: 5167

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box 16, Commissioner For Patents, Washington, D.C. 20231, on the date shown below:

Dated: 8/14/02

By: A.C. Smith  
Albert C. Smith, Reg. No.: 20,355

BOX 16  
DIRECTOR - U.S. PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231

ATTN: REFUND SECTION  
ACCOUNTING DIVISION  
OFFICE OF FINANCE

REQUEST FOR REFUND

Sir:

A Request for Refund was made on October 5, 2000 in the amount of \$1,260.00, a copy of which is attached hereto as Exhibit A. On October 20, 2000 a credit to our Deposit Account #19-2555 was made for this request in the incorrect amount of \$1,026.00. A copy of the Deposit Account Statement showing this credit is attached as Exhibit B. Please note that there is a discrepancy of \$234.00 between the requested amount and the actual amount credited. A copy of

PATENT

the Filing Receipt showing total fees paid of \$1,026.00 is attached as Exhibit C to serve as further evidence of this error.

In order to resolve this error, please credit our Deposit Account #19-2555 in the amount of \$234.00 referencing U.S. Application No. 09/642,250.

Respectfully submitted,  
Thomas J. Quinn

Dated: 8/14/02

By: A.C. Smith

Albert C. Smith, Reg. No.: 20,355

FENWICK & WEST LLP

Two Palo Alto Square

Palo Alto, CA 94306

Tel.: (650) 858-7296

Fax.: (650) 494-1417

IN THE UNITED STATES

EXHIBIT A

PATENT AND TRADEMARK OFFICE

APPLICANT: Thomas J. Quinn  
APPLICATION NO.: 09/642,250  
FILING DATE: August 17, 2000  
TITLE: GYROSCOPIC POINTER AND METHOD  
EXAMINER: Unassigned  
GROUP ART UNIT: Unassigned  
ATTY. DKT. NO.: 5167

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Box 16, Commissioner For Patents, Washington, D.C. 20231, on the date shown below:

Dated: 10/5/2000

By: A. C. Smith

Albert C. Smith, Reg. No.: 20,355

BOX 16  
COMMISSIONER FOR PATENTS  
WASHINGTON, D.C. 20231

ATTN: REFUND SECTION  
ACCOUNTING DIVISION  
OFFICE OF FINANCE

REQUEST FOR REFUND

Sir:

Pursuant to the provisions of 37 CFR §1.26, Applicant encloses herewith a copy of an executed Verified Statement-Small Business Concern verifying that applicant is entitled to Small Entity Status pursuant to 37 CFR §1.9(f) and 1.27(c). Applicant therefore requests refund of excess filing fees paid for the patent application identified above in the amount of \$1,260.00. Also enclosed is a copy of the Fee Transmittal showing that the filing fee was

calculated for a large entity and a copy of the return-receipt postcard showing a payment by applicant in the amount of \$2,520.00.

Please credit Deposit Account #19-2555 in the amount of \$1,260.00 referencing U.S. Serial No. 09/642,250.

Respectfully submitted,  
THOMAS J. QUINN

Dated: 10/5/2000 By: A.C. Smith  
Albert C. Smith, Reg. No.: 20,355  
FENWICK & WEST LLP  
Two Palo Alto Square  
Palo Alto, CA 94306  
Tel.: (650) 858-7216  
Fax.: (650) 494-1417

0002/PTO(modified)  
Rev. 10/95

U.S. Department of Commerce  
Patent and Trademark Office

# FEE TRANSMITTAL

## TOTAL AMOUNT OF PAYMENT

Subtotal (1) + Subtotal (2) + Subtotal (3) = (\$2,680.00)

### Complete if Known

Application Number	
Filing Date	
First Named Inventor	Thomas J. Quinn
Group Art Unit	
Examiner Name	
Attorney Docket Number	5167

### METHOD OF PAYMENT

#### 1. The Commissioner is hereby authorized to:

- ☐ Charge the indicated fees to the below mentioned deposit account.
- ☒ Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account.\*
- ☐ Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account.

Deposit Account Number: 19-2555

Deposit Account Name: FENWICK & WEST LLP

A Duplicate Copy of this authorization is attached

#### 2. ☒ Paymer: Enclosed:

☒ Check ☐ Other

### FEE CALCULATION (fees effective 11/12/98)

#### 1. FILING FEE

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Description	Fee Due
101/\$690	201/\$345	Utility Filing	690
106/\$310	206/\$155	Design Filing	
108/\$690	208/\$345	Reissue	
114/\$150	214/\$75	Provisional Filing	

SUBTOTAL (1) (\$) 690

#### 2. CLAIMS

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description
103/\$18	203/\$9	Claims in excess of 20
102/\$78	202/\$39	Independent claims in excess of 3
104/\$280	204/\$130	Multiple dependent claim
109/\$78	209/\$39	Reissue independent claims over original patent
110/\$18	210/\$9	Reissue claims in excess of 20 and over original patent

#### 3. ADDITIONAL FEES

Large Entity Fee Code/Fee	Small Entity Fee Code/Fee	Fee Description	Fee Due
105/\$130	205/\$65	Surcharge - late filing fee or oath	
127/\$50	227/\$25	Surcharge-late provisional filing fee or cover sheet	
147/\$2,520	147/\$2,520	For filing a request for reexamination	
115/\$110	215/\$55	Extension for response within first month*	
116/\$380	216/\$190	Extension for response within second month*	
117/\$870	217/\$435	Extension for response within third month*	
118/\$1,360	218/\$680	Extension for response within fourth month*	
128/\$1,850	228/\$925	Extension for response within fifth month*	
119/\$300	219/\$150	Notice of Appeal	
141/\$1,210	241/\$605	Petition to revive unintentionally abandoned application	
142/\$1,210	242/\$605	Utility Issue Fee (Or Reissue)	
143/\$430	243/\$215	Design Issue Fee	
122/\$130	122/\$130	Petitions to the Commissioner	
123/\$50	123/\$50	Petitions related to provisional applications	
126/\$240	126/\$240	Submission of Information Disclosure Statement	
581/\$40	581/\$40	Recording each patent assignment per property (times number of properties)	160
146/\$690	246/\$345	Filing a submission after final rejection (37 CFR 1.129(a))	
149/\$690	249/\$345	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify):

Other fee (specify):

SUBTOTAL (3) (\$)160

(Col. 1)		(Col. 2)		(Col. 3)			
For	No. of Existing Claims		Highest No. Previously Paid For		Extra**	Fee	Fee Due
TOTAL	48	minus*	20 or	=	28	x 18	= 504
INDEP	20	minus*	3 or	=	17	x 78	= 1326
[ ] First presentation of multiple dependent claim							

\* Subtract the greater number of Col. 2

\*\* If the difference between Col. 1 and Col. 2 is less than zero, then enter "0" in Col. 3

SUBTOTAL (2) (\$)1830

#### SUBMITTED BY

Typed or Printed Name Albert C. Smith

Signature

#### Complete (if applicable)

Reg. Number 20,355

Date

\* Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby  
Rev. 11/04/99

EXHIBIT B
**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**
**MONTHLY STATEMENT  
OF DEPOSIT ACCOUNT**

To replenish your Deposit Account, detach and return top portion with your check. Make check payable to Commissioner of Patents & Trademarks.

Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Account No.	192555
Date	10-31-00
Page	2

FENWICK & WEST LLP  
ALBERT C. SMITH  
TWO PALO ALTO SQUARE SUITE 700

FINA

PALO ALTO CA 94306

PLEASE SEND REMITTANCES TO:  
Patent and Trademark Office  
P.O. Box 70541  
Chicago, Ill. 60673

DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
10	20	00	35	09127615	2897 (CFP056	102	80.00	9355.00
10	20	00	36	09642250		704	-1026.00	10381.00
10	20	00	53	09676056		704	-738.00	11119.00
10	20	00	76	09628385	21676-04994	205	15.00	11104.00
10	23	00	19	09614667	21547-04734	202	11.00	11093.00
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10	26	00	1	09062516	3227	102	240.00	11854.00
10	26	00	2	09062516	3227	103	270.00	11584.00
10	26	00	175	09493023	4731	567	90.00	11494.00
10	26	00	269	PCT/US00/41426		704	-15.00	11509.00
10	27	00	19	60241281	5482	214	75.00	11434.00
10	30	00	28	09608684	31037-05025	102	36.00	11398.00
10	30	00	33	09679396	4952	203	23.00	11375.00
10	30	00	54	09695747	4863(CFP1587	103	14.00	11361.00
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10	31	00	65	09144655	49826.00004	202	40.00	10801.00
10	31	00	71	09574307	4778 US	581	40.00	10761.00

AN AMOUNT SUFFICIENT TO  
COVER ALL SERVICES REQUESTED  
MUST ALWAYS BE ON DEPOSIT.

OPENING BALANCE  
10593.00

TOTAL CHARGES  
6671.00

TOTAL CREDITS  
6839.00

CLOSING BALANCE  
10761.00

..... OR INDICATES OVERDRAWN

<b>TRANSMITTAL FORM</b> (to be used for all correspondence during pendency of filed application)	Application Number	09/642,250	
	Filing Date	October 12, 2000	
	First Named Inventor	Thomas J. Quinn	
	Group Art Unit Number	2672	
	Examiner Name	Unassigned	
Total Number of Pages in This Submission	10	Attorney Docket Number	5167

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [ ] Sheet(s) of Figure(s) [ ]
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request for Refund
<input type="checkbox"/> Request for Corrected Filing Receipt	<input checked="" type="checkbox"/> Exhibit A - Copy of Request for Refund dated 10/5/00
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input checked="" type="checkbox"/> Exhibit B - Copy of Deposit Account Statement
<input type="checkbox"/> Amendment/Response: [ ] Page(s) <input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Exhibit C - Copy of Filing Receipt dated 10/29/01
<input type="checkbox"/> Status Request	<input type="checkbox"/>
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/>

REMARKS:

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>A. C. Smith</i>	
Attorney/Reg. No.:	Albert C. Smith, Reg. No. 20,355	Dated: 8/19/02

CERTIFICATE OF MAILING		
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.		
Signature:	<i>A. C. Smith</i>	
Typed or Printed Name:	Albert C. Smith	Dated: 8/19/02
Express Mail Mailing Number (optional):		